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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/566,209			ing Date 27/2 <b>00</b> 6	To be Mailed	
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY			OTHER THAN OR SMALL ENTITY		
	FOR		NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A	1	N/A		]	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	]	N/A			N/A		
	EXAMINATION FE (37 CFR 1 16(o), (p),		N/A		N/A		N/A		]	N/A		
	TAL CLAIMS CFR 1_16(i))		minus 20 ≈			1	x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			m	inus 3 = *		1	x s = -		1	X S =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE she is \$ add	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).									
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						1			]			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		J	TOTAL		
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	01/21/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	* 21	Minus	** 22	= 0		x s =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 2	Minus	3	= 0	1	x s =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					1			OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus		-		X \$ =		OR	x s =		
Μ	Independent (37 CFR 1 16(h))	*	Minus	***	-	]	X \$ =		OR	x s =		
Ξ	Application Size Fee (37 CFR 1.16(s))					1			1			
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					l			OR			
									OR	TOTAL ADD'L FEE		
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ***Life **Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  **TINA J, BARDEN  The **Highest Number Previously Paid For IN THIS SPACE is less than 3, onter "3".  The **Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  The **Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  The **Highest Number Previously Paid For IN THIS SPACE is less than 10 enter "20".  The **Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  The **Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  The **Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  The **Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  The **Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  The **Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  The **Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".  The **Highest Number Previously Paid For IN THIS SPACE is less than 20.  The **Highest Number Previously Paid For IN THIS SPACE is less than 20.  The **Highest Number Previously Paid For IN THIS SPACE is less than 20.  The **Highest Number Previously Paid For IN THIS SPACE is less than 20.  The **Highest Number Previously Paid For IN THIS SPACE is less than 20.  The **Highest Number Previously Paid For IN THIS SPACE is less than 20.  The **Highest Number Previously Paid For IN THIS SPACE is less than 20.  The **Highest Number Previously Paid For IN THIS SPACE is less than 20.  The **Highest Number Previously Paid For IN THIS SPACE is less than 20.  The **Highest Number Previously Paid For IN THIS SPACE is less than 20.  The **Highest Number Previously Paid For IN THIS SPACE is less than 20.  The **Highest Number Previously Paid For IN THIS SPACE is less than 20.  The **Highest Number Previously Paid For IN											

This collection of information is required by 37 CFR 11.6. The information is required to delian or retain a benefit by the public which is to file (and by the USE) process) an application. Confidentially 39 cycered by 38 cycered by 38 CFR 11.6. This collection is estimated to take 12 nimulates to complete, including gathering, preparing, and submitted the completed application form to the USE 17.0. Time will wary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burdon, should be sent to the CFR Information CFR U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22319-1450, D.O. NOT 1550, JASS 10.0. NOT 1550, JASS 13-1550.